

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	W/O.	OFP.	W/O.	OFP.	W/O.	OFP.
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TOTAL W/O.	3					
TOTAL OFP.	39					
TOTAL	42					

	W/O.	OFP.	W/O.	OFP.	W/O.	OFP.
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BEST AVAILABLE